IΔ	ETHICS AND		
FOR INSTRUCTIONS, SEE BACK OF FORMPAR	RE ED	FORM	STATEMENT
CHECK ONE:		DR-1	OF
III This is an initially Chatana and a Constitution		(Rev. 04/2008)	ORGANIZATION
☐ This is an <b>amended*</b> Statement of Organization 2000 JU	IN IO WITH BEAT PROPERTY !	For Office Use (	
*An initial Statement of Organization must be filed within 10 days of the com-	mittee's accepting contributions,	Comm. #	<u> Ziny</u>
making expenditures, or incurring indebtedness exceeding \$750. Amendme	ents must be filed within 30 days of	Indexed	
a change. Penalties may be imposed for late-filed Statements of Organizati	on. A candidate with an open	Audited	
committee that exceeds \$750 in activity for another office shall file within 10 DR-1 disclosing information concerning the campaign for the new office sou	days either a new or amended	Computer	
	_		
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.)			
LOEL REINHART FOR SHERIFF COMMITTEE			
IMPORTANT: Indicate type of committee you are reporting for: 5			
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Control Committee			
( 5 )County Candidate ( 6 )City Candidate ( 7 )School Board or Other Political Subdivision Candidate ( 8 )County PAC ( 9 )City PAC			
(10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (manda	tory except for a c	andidate's committee)
LOEL L REINHART	Name ↓ ↓		
Mailing Address 10746 115th 57	Mailing Address ↓ ↓		
20746 115 55	waiting Address V V		
City, State ↓ ↓ Zip Code ↓ ↓	City, State ↓ ↓ Zip Code ↓ ↓	·	
CRESCO, IA 52136			
Phone (563) 547-5259			
Priorie (983) 317 3237	Phone ( )		
e-Mail locIreINhart @ IONATELELOM, NET	e-Mail		
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv	ocate for/against candidate(s)	vocate for hallot ice	10(n)
Comment or description:		vocate against ballo	JE(S) t issue(s)
All Candidates Enter:	County/Local Candidates ar	nd Local Ballot Cor	nmittees Enter
Office Sought: SHERIFF			
Political Party (if applicable) REPUBLICAN	County: HOWARD	·	
	(If active in multiple ballot issue	ie elections, attach li	st of counties
District:	Date of Election:	4 7000	
1			
Year Standing for Election: 2008	Bate of Election	7,2008	
Bank Account Name (must match committee name)	Candidate name & Address or Pa		if applicable),
Bank Account Name (must match committee name)	Candidate name & Address or Pa		
Bank Account Name (must match committee name)	Candidate name & Address or Pa  ↓ ↓ Address	arent Entity (PACs,	
Bank Account Name (must match committee name)  LOEL REINHART FOR SHERIFF COMMITTEE	Candidate name & Address or Pa	arent Entity (PACs,	
Bank Account Name (must match committee name)  LOEL REINHART FOR SHERIFF COMMITTEE  Name of Financial Institution/type of Account	Candidate name & Address or Pa	arent Entity (PACs, ffiliate, or Sponsor	
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Bank Account Name (must match committee name)  LOEL REINHART FOR SHERIFF COMMITTEE  Name of Financial Institution/type of Account   CUS BANK CHECKING  Mailing Address   III N ELM ST P.O., Box 57	Candidate name & Address or Part Address or Part Address Of Part Address Address Of Part Address Of Pa	State \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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Bank Account Name (must match committee name)  LOEL REINHART FOR SHERIFF COMMITTEE  Name of Financial Institution/type of Account   CUS BANK CHECKING  Mailing Address   III N ELM ST P.O., Box 57	Candidate name & Address or Part $\downarrow$	State \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	zip ↓ ↓ 52/36
Bank Account Name (must match committee name)  LOEL REINHART FOR SHERIFF COMMITTEE  Name of Financial Institution/type of Account   CUS BANK CHECKING  Mailing Address   III N ELM ST P.O. BOX 57  City   State   Zip   Tip	Candidate name & Address or Part Address or Part Address Of Part Address Address Of Part Address Of Pa	State \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	zip ↓ ↓ 52/36
Bank Account Name (must match committee name)  LOEL REINHART FOR SHERIFF COMMITTEE  Name of Financial Institution/type of Account   CUS BANK CHECKING  Mailing Address   III N ELM ST P.O. BOX 57  City   State   Tip   CRESCO JA 52136	Candidate name & Address or Part $\downarrow$	State \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	zip ↓ ↓ 52/36
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Date Signed